POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons are re	U.S. Patent and Ti	PTO/SB/81 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 ademark Office; U.S. DEPARTMENT OF COMMERCE promation unless it displays a valid OMB control number.
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/596581
	Filing Date	06/16/2006
	First Named Inventor	LANG, Heinz-Jurgen
	Title	BELT TENSION INDICATOR
	Art Unit	3616
	Examiner Name	Amores, K.
	Attorney Docket Number	3144/116US

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
7 Supplies	23638			
Practitioners associated with the Customer Number:	23036			
OR				
Practitioner(s) named below:				
Name	Registration Number			
as my/our attorney(s) or agent(s) to prosecute the application identi Frademark Office connected therewith.	fied above, and to transact all business in the United States Patent and			
Please recognize or change the correspondence address for the ab	identified application to			
The address associated with the above-mentioned Custor OR	ner Number:			
The address associated with Customer Number:				
Firm or	Firm or			
Individual Name Address				
Variezz	•			
City	State Zip			
Country				
Telephone	Email			
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature Q . 1	Date 2008/07/07			
Name Heinz-Jurgen Lang	Telephone 704-375-9249			
Title and Company Applicant/Inventor				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of _3 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/596581	
Filing Date	06/16/2006	
First Named Inventor	LANG, Heinz-Jurgen	
Title	BELT TENSION INDICATOR	
Art Unit	3616	
Examiner Name	Amores, K.	
Attorney Docket Number	3144/116US	

I hereby revoke a	II previo	us powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.	
I hereby appoint:							
✓ Practitioners as	Practitioners associated with the Customer Number:		23638				
OR		'	·				
Practitioner(s) r	named be	low:					
		Name			Registrat	ion Number	
			+ 1				

				···			
as my/our attorney(s) Trademark Office con	or agent(:	s) to prosecute the application erewith.	identified above	, and to t	ransact all busin	ess in the U	Inited States Patent and
Please recognize or c	hange the	correspondence address for t	he above-identil	ied appli	cation to:		
		ed with the above-mentioned C					
OR	associal	ed with the above-mentioned o	asionici itambe	<u> </u>		7	
The address associated with Customer Number: OR							
Firm or Individual Name							
Address							
City				State			Zip
Country				Email			
Telephone				Linai			
Applicant/Inv	entor.			•			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature		Herworeur	Wette	7		Date	74 June 2008
Name	Herman	n Wetter		7		Telephone	704-375-9249
Title and Company Applicant/Inventor							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 3		forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/596581
Filing Date	06/16/2006
First Named Inventor	LANG, Heinz-Jurgen
Title	BELT TENSION INDICATOR
Art Unit	3616
Examiner Name	Amores, K.
Attorney Docket Number	3144/116US

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
Practitioners associated with the Customer Number:	2360	23638		
OR				
Practitioner(s) named below:				
Name		Registration Numbe	ar .	
	-			
as my/our attorney(s) or agent(s) to prosecute the application identif Trademark Office connected therewith.	fied above, and to tra	ansact all business in the U	Jnited States Patent and	
Please recognize or change the correspondence address for the ab	ove-identified applic	eation to:		
The address associated with the above-mentioned Custom				
OR	161 11011100			
The address associated with Customer Number:				
Firm or Individual Name				
Address				
City	State		Zip	
Country Telephone	Email			
l <u>am</u> the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature		Date	10/JUN5/2008	
Name David Shaun Carine		Telephone	704-375-9249	
Title and Company Applicant/Inventor				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of 3 forms are submitted				

This collection of Information Is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.